

Improving Dementia Care

The role of prescribers

Reducing the reliance on antipsychotic drugs in dementia care



Antipsychotic drug therapy is an off-label treatment for the behavioral and psychological symptoms of dementia. However, these medications are appropriate only in select cases. Inappropriate use of antipsychotic medications can harm people with dementia, as noted in the Food and Drug Administration's black box warning. Yet, despite increased mortality risk, antipsychotics continue to be used as a chemical restraint in nursing home residents with dementia but with no underlying mental health issues.

People with schizophrenia, schizoaffective disorder and bipolar disorder all show symptoms early in life. The highest occurrence of newly diagnosed patients typically falls within ages 20–40. These diagnoses rarely have an onset late in life without prior early-life symptoms.

Data suggests that in some Texas facilities, prescribers add new diagnoses, such as schizophrenia, to residents' clinical records to justify antipsychotic use — even in residents without a history of mental illness. This means many residents with dementia may be subjected to unnecessary mental illness assessments because of inaccurate diagnoses. When residents lack a history of mental illness, facility staff should not ask prescribers to justify potentially unnecessary drugs. Making a diagnosis “fit” the medication causes ethical and clinical practice issues.

The Centers for Medicare & Medicaid Services is aware of this issue, as is the U. S. Office of the Inspector General. The Texas Health and Human Services Quality Monitoring Program will continue to question mental illness diagnoses to determine appropriateness.



Diagnosing Schizophrenia

Diagnosing late-life schizophrenia in a resident with an underlying diagnosis of dementia is particularly challenging. Physicians and other prescribers must be mindful of and avoid labeling residents with a diagnosis of schizophrenia or other diagnoses to justify the use of antipsychotic medications.

A number of professional organizations released a joint summary statement related to diagnosing schizophrenia in the long-term care setting. That statement is available here:

paltc.org/newsroom/joint-summary-statement-diagnosing-schizophrenia-skilled-nursing-centers.



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The Role of Prescribers in Dementia Care

Practitioners with prescribing privileges (e.g., physicians, nurse practitioners and physician assistants) play a key role in reducing the inappropriate use of antipsychotic medications. As members of the interdisciplinary team, prescribers:

- Complete a comprehensive evaluation of the resident's condition, determining the continued appropriateness of the resident's current medical regimen and relevant medical issues.
- Review antipsychotic medications closely and, based on validated diagnosis, monitor for their continued need as well as for active or new problems associated with their use.
- Document and institute a plan for gradual dosage reduction, including non-pharmacological interventions, leading to complete discontinuation of the antipsychotic medication usage.
- Avoid potential liability by using antipsychotic medications in residents with dementia as a last resort, in the lowest possible dose, for a limited time and with a well-defined rationale.

How Prescribers Can Improve Dementia Care

Residents with dementia might display behaviors often because of boredom, an inability to communicate or unmet basic needs such as pain relief. Prescribers must:

- Verify the nursing staff has assessed for pain.
- Document the specific condition and the targeted behavior for the use of antipsychotic medications.
- Review behavioral and side effect monitoring.
- Review and discuss recommendations from consulting pharmacists.
- Discuss and encourage gradual dosage reduction for residents with dementia.
- Challenge the facility to increase implementation of non-drug interventions.

Non-Drug Therapy Works

Nursing home staff can select from an array of non-pharmacological approaches to optimize care for residents with dementia, instead of using potentially harmful antipsychotic medications. Quality Monitoring Program pharmacists are committed to working with prescribers to implement non-pharmacological approaches. These approaches enhance the quality of life for people with dementia, protect them from substandard care and promote goal-directed, person-centered care for every nursing home resident.

HHSC Initiatives for Reducing the Inappropriate Use of Antipsychotics

- Music & Memory
- One a Month campaign for reducing antipsychotic use
- Reminiscence Activity
- Virtual Dementia Tour
- Alzheimer's Disease and Dementia Care Seminar
- Texas OASIS: Dementia Care Training
- Person-Centered Thinking Training
- Meaningful Engagement to Enhance Quality of Life Training Academy
- CNA Advanced Training Academy

To learn more about these initiatives, visit hhs.texas.gov/qmp or contact us at QMP@hhsc.state.tx.us.

More information is available on **CMS.gov**, including clarification on federal regulations for the care of residents with dementia, materials related to the National Partnership to Improve Dementia Care in Nursing Homes, and access to the State Operations Manual.

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